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Debtor 1	Mark F. Dority			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JEF	RSEY	
Case number (if known)	17-21374			

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who	is NOT an attorney to help you fill out bankruptcy forms?
No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I hat that they are true and correct.	ve read the summary and schedules filed with this declaration and
X /s/ Mark F. Dority Mark F. Dority Signature of Debtor 1	X Signature of Debtor 2
Date April 19. 2023	Date

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Fill	in this information t	o identify your c	ase:								
De	btor 1	Mark F. Dor	ity								
	btor 2 ouse, if filing)										
Uni	ited States Bankrup	tcy Court for the	: DISTRICT OF NEW .	JERSEY							
Cas	se number 17-	21374						Check if this is	:		
(If kr	nown)			_				An amende	ed filing		
								A supplem 13 income		ng postpetition ollowing date:	chapter
0	fficial Form	<u> 1061</u>						MM / DD/	YYYY		
S	chedule I: `	Your Inc	ome								12/15
		e Employment	On the top of any additi	Debtor		r name	and			Answer every	question.
	If you have more t	han one ioh		■ Emp				☐ Empl		mig opouse	
	attach a separate information about	a separate page with tion about additional ters. Employment status Occupation		□ Not employed				☐ Not employed			
	employers.			truck driver							
	Include part-time, self-employed wor		Employer's name	Karwa	an Transpo	ort					
	Occupation may ir or homemaker, if i		Employer's address		ayridge Dr I, OH 4302						
			How long employed the	here?	4 months	3					
Par	t 2: Give Det	ails About Mor	thly Income								
		me as of the da	ate you file this form. If y	you have n	nothing to rep	ort for	any l	ine, write \$0 in the	space. In	clude your non	-filing
	u or your non-filing s e space, attach a se		ore than one employer, co	mbine the	information	for all e	mplo	oyers for that perso	on on the li	nes below. If y	ou need
								For Debtor 1		btor 2 or ng spouse	
2.			ry, and commissions (be calculate what the monthly			2.	\$	6,500.00	\$	N/A	
3.	Estimate and list	monthly overti	me pay.			3.	+\$	0.00	+\$	N/A	
4.	Calculate gross I	ncome. Add lin	e 2 + line 3.			4.	\$	6,500.00	\$	N/A	

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Deb	otor 1	Mark F. Dority	-	(Case	number (if known)	17	-21374		
	Con	y line 4 here	4.		For	Debtor 1	n	or Debtor on-filing	spouse	
			4.		Ψ_	6,500.00	\$		N/A	<u>-</u>
5.		all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a		\$	1,625.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$_	0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	50		\$_	0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$_	0.00	\$		N/A	_
	5e. 5f.	Insurance Domestic support obligations	5e		\$_	0.00	\$		N/A	_
	5g.	Union dues	5f.		\$ \$	0.00	\$		N/A	_
	5h.	Other deductions. Specify:	5g 5h	j. 1.+	^Φ _	0.00	+ \$		N/A	_
0			_		_				N/A	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ _	1,625.00	\$		N/A	-
7.		sulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	4,875.00	\$		N/A	<u>.</u> .
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a	١.	\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b	١.	\$	0.00	\$		N/A	=: _
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$	0.00	\$		NI/A	
	8d.	Unemployment compensation	8d		^Ψ —	0.00	\$		N/A	
	8e.	Social Security	8e		\$	0.00	\$		N/A N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$	0.00	\$		N/A	-
	8g.	Pension or retirement income	8g		\$	0.00	\$		N/A	
	8h.	Other monthly income. Specify:	8h	.+	\$	0.00	+ \$		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$		N/A	A
10	Calc	ulate monthly income. Add line 7 + line 9.	10.	\$		4.875.00 + \$		NI/A	= \$	4.075.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		4,875.00 + \$_		N/A	- φ -	4,875.00
11.	Include	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a sify:	depe							0.00
12.	Add Write appli	the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaines	ult is n Lia	the biliti	com es a	ibined monthly in nd Related <i>Data</i>	ncom	ne. 12.	\$	4,875.00
13.	Do y	ou expect an increase or decrease within the year after you file this form	?						Combir monthl	ned y income
		No. Yes. Explain:								

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Fill in this information to identify your case:					
Debtor 1	Mark F. Dority				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY			
Case number	17-21374				

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

you	r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
		Your a Value o	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	125,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	36,605.44
	1c. Copy line 63, Total of all property on Schedule A/B	\$	161,605.44
Par	t2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	148,276.62
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	11,500.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	34,230.63
	Your total liabilities	\$	194,007.25
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,875.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,566.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
Suprai referenzi	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules. Summary of Your Assets and Liabilities and Certain Statistical Information	box and si	ubmit this form to

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Debtor 1	Mark F. Dority	Case number (if known)	17-21374	
	m the Statement of Your Current Monthly Income: Copy A-1 Line 11: OR. Form 122B Line 11: OR. Form 122C-1 Lin		fficial Form	\$ 5,741.63

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tot	al claim
From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	11,500.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	8,752.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	20,252.00